

each in order of birth stated.

# ARIZONA STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF BIRTH

State File No. 177  
Registered No. 503

### 1. PLACE OF BIRTH

County Gila State Arizona

District or Township \_\_\_\_\_ or Village \_\_\_\_\_

City Miami No. Gila General Hospital St. \_\_\_\_\_ Ward \_\_\_\_\_

2. Full name of child Glenn Elroy Mc Emery } If child is not yet named, make supplemental report, as directed.

3. Sex of Child Male } To be answered ONLY in event of plural births. 4. Twin, triplet or other \_\_\_\_\_ 5. Legitimate? Yes Date of birth Aug 22-1930 Month Aug Day 22 Year 1930

8. Full name Glenn Elroy Mc Emery FATHER 14. Full maiden name Amella G. Hermabing MOTHER

9. Residence (Usual place of abode) Miami 15. Residence (Usual place of abode) Miami  
If non-resident, give place and state. Arizona If non-resident, give place and state. Arizona

10. Color or race White 11. Age at last birthday 32 (Years) 16. Color or race White 17. Age at last birthday 25 (Years)

12. Birthplace (city or place) Delaware Co 18. Birthplace (city or place) Cincinnati  
(State or country) Iowa (State or country) Ohio

13. Occupation Funeral Director 19. Occupation N/A  
Nature of Industry \_\_\_\_\_ Nature of Industry \_\_\_\_\_

20. Number of children of this mother 1 } (a) Born alive and now living 1  
(Taken as of time of birth of child herein } (b) Born alive but now dead \_\_\_\_\_  
certified and including this child.) } (c) Stillborn \_\_\_\_\_

### CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born at Gila on the date above stated.  
(Born alive or stillborn)

Signature Charles E. Jinn (Physician or midwife.)

Given name added from \_\_\_\_\_ Address \_\_\_\_\_  
Month, day, year \_\_\_\_\_

Registrar. Aug 30 1930 Registrar. C. E. Jinn

7118-822-167